


**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90276 025 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P98000047205</b>		
<b>1. Corporation Name</b> <b>100 SPIT CLICK INC.</b>		

**Principal Place of Business**  
 4830 NW 3RD AVENUE  
 MIAMI FL 33127

**Mailing Address**  
 4830 NW 3RD AVENUE  
 MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country		<b>3. Date Incorporated or Qualified</b> <b>05/26/1998</b>	<b>4. FEI Number</b> <b>65-0920609</b>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		
<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>7. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b> <b>HILL, DONNIE</b> <b>4830 NW 3RD AVENUE</b> <b>MIAMI FL 33127</b>		<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Donnie Hill*  
 Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, RAYMOND	1.2 NAME	
STREET ADDRESS	813 NW 105 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, DONNIE	2.2 NAME	
STREET ADDRESS	4830 NW 3RD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, SONIA	3.2 NAME	
STREET ADDRESS	7220 FAIRWAY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, ALAN	4.2 NAME	
STREET ADDRESS	P.O. BOX 530122	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)